



# Animal Bite

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOH Classification  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

### Predisposing Conditions and Vaccine History

**Y N DK NA**

☐ ☐ ☐ ☐ Rabies vaccine completed in past (at least 3 doses)

Date of last rabies vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total # rabies doses: \_\_\_\_\_

☐ ☐ ☐ ☐ Tetanus vaccine in the last 5 years

Date of last tetanus dose: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**P N I O NT**

☐ ☐ ☐ ☐ ☐ Animal rabies testing

Date animal submitted for testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results expected date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab submitted to: \_\_\_\_\_

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

## NOTES

**EXPOSURE****Y N DK NA**

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
 Out of: ☐ County ☐ State ☐ Country  
 Destinations/Dates: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Animal exposure  
 Type of animal exposure:  
☐ Bite ☐ Saliva ☐ Scratch  
☐ Bat in house ☐ Bat in sleeping area  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Type of animal:  
☐ Bat ☐ Cat ☐ Dog ☐ Ferret ☐ Raccoon  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Animal status:  
☐ Domestic ☐ Stray ☐ Wild  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Animal description: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Animal name: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Injury or exposure circumstances known  
 Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Exposure location: \_\_\_\_\_  
 Anatomic site of injury or wound (e.g. head, arm): \_\_\_\_\_  
 Circumstances of animal exposure: \_\_\_\_\_  
 \_\_\_\_\_  
 Wound cleaned: ☐Y ☐N ☐DK ☐NA  
 Animal exposure provoked: ☐Y ☐N ☐DK ☐NA

☐ No risk factors or exposures identified☐ Patient could not be interviewed

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES****Y N DK NA**

- ☐ ☐ ☐ ☐ Animal available for observation or quarantine (cat, dog or ferret only)  
☐ ☐ ☐ ☐ Other persons exposed to animal

**PUBLIC HEALTH ACTIONS**

- Animal disposition: ☐ Lost to follow-up ☐ Sent for testing  
☐ Under observation  
☐ Healthy after 10 day observation  
☐ Other: \_\_\_\_\_

Quarantine site contact name: \_\_\_\_\_

Quarantine site address: \_\_\_\_\_

Quarantine site phone: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_